V. S. No. 1

ż

of OCCUPA.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 13114
1. PLACE OF DEATH	48
County Charles	Registration Dist. No. 101
Village or City Diel Jak.	No. St. Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara M, al	len.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DOTORCED (write the word Sungle)	D. 21. DATE OF DEATH /
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1932 to 200 1932
6. DATE OF BIRTH (month, day, end year) 1862(2)	I last saw here alive on DC 2 2 ,1902 death is seid
7. AGE Years Months Oays If LESS th	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Oate of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties).	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Charles Co. Pha	Other Contributory Causes of importance:
H Company	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Encests Wedding, (Address) Welcome only	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Isogal, Ald Bate Dec 26, 19	Manner of Injury
19. UNDERTAKER OV. A. Renn. (Address) La Plata, ma	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED Dec, 24. , 1932 mary Southerbree Local Registra	(Signed) Sev. C. Bicknell, M.D.
If more blanks are needed, address State Regi	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	S. Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	109-05	
County (1) anles	Registration Dist. No. 100	
Village or City Dentsville	ND. St., St., If death occurred in a hospital or institution, give its NAME instead of street and nu	Ward mber)
Length of residence in city or town where death occurredyrsmo	osds. How long lo U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME John Junior Con	derson	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
5a. II married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended de	- 0
6. DATE OF BIRTH (month, day, end year) 2015 30 1932		19 3 2
6. DATE OF BIRTH (month, day, end year) 30 73 17 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	peatn is said
2 2.5° 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	+ A	
9. Industry or business in which	- f	July 24
A Trade, profession, or particular in this occuration from the first o		
D. Date deceased last worked et this occupation (month and spear)		
001.01	Dther Cautributory Causes ol importance:	
12. BIRTHPLACE (city or town) W W W (State or country)	Brash Inhuman	Oc 23:
E / 05/1 '00		
(State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an aut	opsy?
	23. II death was due to external causes (VIOLENCE) fili in also the lollowing:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	, 19
17. INFORMANT P B Summers (Address) Mechanises Ind	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMOVAL	Manage of the contract of the	
Place St Marys Cemeley Date Dec 26, 1932	Manner of injury	
19. UNDERTAKER & P. Josephan (Address) Weekansproil Wed	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Dec 26, 19 32 MD Haylen Registrar.	(Signed) (Address) Pul Cliffers	M. D.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory eauses of importance: Gastroenteritis	1 year

		-CERTIFICATE OF DEATH	3116
	1. PLACE OF DEATH County Charles	N-a Posietration Dist No. /V	7)
	Village or City Men (1) Plan	No. Registration Dist. No. / V	<u></u>
	Length of residence in city or town where death occurred wont know yrs.	Of death occurred in a hospital or institution, give its NAME instead of street and itsds. Hewlong in U.S. il of foreign birth?yrsm	number)
	2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
_	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH LOC. 70 - (Month) (Day)	, 193 &
5a	If married, widowed, or divorced HU3BANO of (or) WHEE of ada Bearman	22. 1 HEREBY CERTIFY, That i attended	2 3
6.	DATE OF BIRTH (month, day, and year) mach 488 6	10	, 19.2.4
	AGE Years Months Oays If LESS than I day,hrs	to heve occurred on the date stated above, et 1: 00 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	r; death Is said
LION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:	Date of oneet
OCCUPATION	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
00	10. Dete decessed lest worked et this occupation (month and year) bart in this occupation	Branchi Pnuemoria	Nec 1432
12.	BIRTHPLACE (city or town) Charles Co md (State or country)	Other Contributory Causes of Importence:	
ER	13. NAME UN Known		
FATHER	14. BIRTHPLACE (city or town) - Jend-Know (State or country)	Name of operation Oate of	
IER	15. MAIDEN NAME Mary Barman	What test confirmed diagnosis? Was there an at 23. If death wes due to externel causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Charles Coming (State or country)	Accident, suicide, or homicide? Oate of injury Where did injury occur?	
	INFORMANT ada Boaman (Address) Welcome md-	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	Place Mc Con elic Oate Wec 22", 1932	Manner of injury	
19,	UNDERTAKER Hemy a. Plan	24. Was disease or injury in any way related to occupation of deceesed?	no
20	FUED ble 20 10 32 De DE Passes	(Signed) James E. Nolan)	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4-105	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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Exact statement of OCCUPA-

See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13117
1. PLACE OF DEATH	
County Marly	Registration Dist. No. 104
Village or City La Plulu	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still form Brad	Kurn
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) /2-23-62	1 10
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Juny Control V
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) / / / / (State or country)	Other Contributory Causes of Importance:
13. NAME 1, 4, Bradburn	
(State or country)	Name of operation Oate of
I IS. MAIDEN NAME Minel & bloom	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT My uff Brack um	Where did injury occur?
8. BURIAL, CREMATION, OR REMOVAL Place Surgh Raflata. Date 12 14-, 1982	Manner of injury
9. UNOERTAKER L. G. Paradages (Address)	24. Was disease or injury in any way related to occupation of deceased?
10. FILEO /2 - 24 - 196 2 7 6 Tyegher Registrar.	(Signed) L. Aryurn M. D. (Address) Maurun

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEAT	ГН	13	31	1	8
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1. PLACE OF DEATH	- Reserve
County Cheroles	Registration Dist. No. 100
Village or City Fulkner	NoSt.; Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca In city or town whara daath occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Janual 734	roh
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Col OR DINORCED (winter the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(ac) MIRE of Clondle Sanoch	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and yaar) May 15/844	I last saw h_a alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at m.
88 9 36 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc.	4 transton follow 1022
work was dona, as SILK MILL, SAW MILL, BANK, etc.	- Observe of the
10. Data deceased last worked at 11. Total time (years)	mysey (
this occupation (month and / 72 / spant in this occupation	
12. BIRTHPLACE (city or town) Chas Co Med	Other Contributory Causes of importance:
(State or country)	1 4 hards
13. NAME Chas Burch	July Town
13. NAME Chas Burch 14. BIRTHPLACE (city or town) Chas Cr Md (State or country)	Name of operation
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Hanney Handling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) These Company	Accident, suicida, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? fell in food of tusting Keef
17. INFORMANT Church Burch (Address) + celstur mos	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I i homas Cercelengata Del 12, 1932	Nature of injury
19 UNDERTAKER V. a. Pennt.	24. Was disaase or injury in any way related to occupation of daceased?
(Addrass) La Plate ma	If so, specify
20. FILED Dec 11, 1932 M. DHaydan.	(Signed) M.D. (Addrass) M.D. (Addrass) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
phritis	1921	Run over by street car	1 week ago
- JAN 6 1933	July 5,1927	Peritonitis	3 days ago
causes of importance:		Other contributory causes of importance:	
Approximate the second of the	May 1,1923	Gastroenteritis	1 year
-	as follows:	as follows: 1915 1921 July 5, 1927 causes of importance:	as follows: 1915

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED eq ay be WIDOWED OR DIVORCED (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased (Day) 7 AGE IfLESS than and that death occurred on the date stated above. I day hrs. The CAUSE OF DEATH * was as follows: Ode or min. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration) mporta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 00 (Signed) 0 (Address) RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and CAU (State or country) Accidental, Suicidal or Homicidal. 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos ds. (State or country) Where was disease contracted, MY KNOWLEDGE if not at place of dea.h?... Former or usual residence OF BURIAL OR REMOVAL (Address) ADDRESS If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Julness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House laborer, Farm laborer, Laborer—Cool mine, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative healthbusiness. that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective o Statement of Occupation-Precise statement of oc For many occupations a yrs. For persons who have no occupation without more precise specification as Day single word or term or 6 Grocery,

Strtement of Cause of Death—Name, first, the DISEA COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

ungualified, to certificate of certificate

carbolic acid-probably swicide. The nature of the injury, or as probably such, if impossible to determine definitely, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meosles; approved by Committee on tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic "Semile," etc.), "Dropsy, etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, H.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		(159)		10146
County Ellarle		R	egistration Dist. No. 10	11
Village or City Rison		ND	St.	Ward
Length of residence in city or town where death of		death occurred in a hospital or institution, a		
2. FULL NAME Eduar	0100	len.	· · · · · · · · · · · · · · · · · · ·	IIIV3u:
(a) Residence: Np.	V	St., Ward,		
	(Usual place of abode)		If nonresident give city or town	and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. SI Black 0	R DIVORCED (write the word)	21. DATE OF DEATH	2c. /2	, 193 32
5a. If marriad, widowed, or divorced HUSBAND of		22. I HEREBY C		
(or) WIFE of			ERTIFY, That I attended	
6. DATE OF BIRTH (month, day, end year)	2.12 1932	I last saw h alive on		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebo		
	or O min.	The PRINCIPAL CAUSE OF DEATH and were as follows:	related causes of importance	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		0-6		Date of onset
		Tematu	uly	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			<i>(</i> J	
ID. Date deceased last worked at this occupation (month and	11. Total time (years)			
year)	occupation	Other Contributory Causes of Importance	*:	
12. BIRTHPLACE (city or town)	n ,			
(State or country) (Olice, Ce.	ma.	V488V010=000000000000000000000000000000000		
13. NAME & Cucard 14. BIRTHPLACE (city or town) Prince	gladdin			
(State or country)	Delinge Co.	Name of operation		
15. MAIDEN NAME Margaret	A COLO	Whet test confirmed diagnosis?		
16. BIRTHPLACE (city or town) Obsault	2. Paris	23. If death was due to external causes (V		
16. BIRTHPLACE (city or town) Delegate (State or country)	nd.	Where did injury occur?		
17. INFORMANT Margarit (Address)	gladden	Specify whether injury occurred in INDI	pecify city or town, county and JSTRY, in HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Our Cump MI Date	Ace. 13,932	Manner of Injury		
19. UNDERTAKER Callward (Address)	Gladden	24. Was disease or injury In any way rela		
20. FILED Dlc. 13 , 1932 Mary.	Saystherland Registrar.	(Signed) Ger. C.	Dichnel	M. C

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	m	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
}		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	4-9-	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may b properly classified. Exact statement of OCCUPATION is very important. See instructions on back of ertificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	(115-0)	100
County 10 M	Registration Dist. No.	
Village or City of a domain	No. S (If death occurred in a hospital or institution, give its NAME instead of stree	t., Ward number)
	osds. How long in U.S. if of foreign birth?yrs	
FULL NAME the Lynch Ga	- dr	
(a) Residence: No. 21 Africa	St Ward.	
(Usual place of abode)	If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ГН
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jun 16	7
Mali Mhil	(Month) (Oay)	(Year)
If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That latte	ended deceased
(or) WIFE of	Du 10 7 10 2 10 Dul	0 19 5
DATE OF BIRTH (month, day, and year) we 15 1931	i last saw hamalive on the 7 19	32; death is
AGE Years Months Oays If LESS than	to have occurred on the data stated above, atm_	
6 5 2 5 1 day,hr	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	Tholeenlandon	la Date of o
SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc		
this occupation (month and spant in this occupation	<u></u>	
BIRTHPLACE (city or town) Walder	Other Contributory Causes of importence:	
(State or country)		
13. NAME At Vary Landin	-	
14. BIRTHPLACE (city or town) Colors 60,	Name of operation Date	e of
· (State or country)	What test confirmed diagnosis? Was ther	
15. MAIDEN NAME Mogenty Tanda	23. If death was dua to external causas (VIOL ENCE) fill in also the fol	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury	
(State or country) Charles	Where did injury occur?	
INFORMANT a Pary Gardines (Address) Walders mid	(Specify city or town, county an Specify whather injury occurred in INDUSTRY, in HOME, or in PUBL	id State) IC PLACE.
BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place Orte 193	Nature of injury	
UNDERTAKER Hant Y / Cyan	24. Was disease or injury In any way related to occupation of deceese	d?
(Address)	If so, specify P	1
12/	(Signed) The dynd	1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13106
County Charles	Registration Dist. No. 106
Village or City Slepmont Md	NoSt,Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME William, 9	Thu,
(a) Residence: No. Gly mont md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(a) mic deugence Hills	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 1875	I last saw h; death is said
7. AGE Years Months Oays If LESS then 1 day,	to have occurred on the date stated above, atm.
3/ 7 -/3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Fisherman	
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	alcoholism Drinking
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and yeer) yeer) 11. Total time (years) spent in this occupation occupation.	Heavily for pow week. D
R. 10.	Ther Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Line a du Thurs
I 13. NAME Samuel F. Gray	acting Coconer /
13. NAME Samuel F. Gray 14. BIRTHPLACE (city or town) Chas. Ca J Ynd.	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Olccellia Swam	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State or fguintry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Comments and Comm	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Slymont grad Date Dec 27, 1932	Manner of Injury
19. UNDERTAKER Jagnes Peggary.	24. Was diseese or injury In any way related to occupation of deceased?
(Address) Macon Spring and	If so, specify
20. FILEO De ma 5, 19.82 /1 to Dehrang of Registras.	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis .	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH



STATE OF MARYL CERTIFICATE OF DEATH

Registration	Dist. No.
t.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and

number.)

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCES (Write the word) 6 DATE OF BIRTH

(Month)

7 AGE mos. B OCCUPATION (a) Trade, profession or

particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

11 BIRTHPLACE

OF MOTHER

9 BIRTHPLACE (State or country) 10 NAME OF FATHER

in OF FATHER (State or country) 12 MAIDEN NAME C 4 OF MOTHER 13 BIRTHPLACE

(State or country)

(Informant)

(Address) 15 Registra MEDICAL CERTIFICATE OF DEATH-

(Month) (Day) 1 HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

Secondary

(Signed) (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place

of death ... ____yrs.......mos,......ds. Where was disease contracted, if not at place of dea.h?.....

usual residence

20 UN DERTAKE

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto./Requesting V. S. No. 1.

If LESS than

I day hrs.

de. or min.

ated EXACTLY, popperly classified.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.. For persons who have no occupation nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer. without more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer--Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEA. IN USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." atie), "Atrophy," "Collapse," "Come," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railreay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Annemia" (mcrely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The valvular Nomenclature of the heart contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data at essential and must be obtained before the certificate is permanently filed.

STATE OF MARTLAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	(190)
County Conty	Registration Dist. No.
Village or City Bripelloron (If	No. St./ Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME METTING YOU	um
(a) Residence: No. / January authorn (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (real)
HUSBAND of (or) WIFE of	22. 1 1 HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) 52 /8 /8/6	I lest saw h liver distant of 2/1/39 3 2 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at the time Phic
3 6 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular	Jak Zueg
kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc	
8. Irade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end with this propertion) and the same that t	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
year) occupation / Left	Other Contributory Causes of importence: Fork her long
12. BIRTHPLACE (city or town)	at right ine a deap decon
(State or country)	Patished trank each
13. NAME Druph Johnson	
13. NAME DELLE TO THE TOTAL TO	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Julia and 16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? Cust Co This
17. INFORMANT Clary Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Somanionon	no in look food mor
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury While Classes only
Place Production Determine 19. J.	Neture of injury
19. UNDERTAKER Fruit & Ry on	24. Was disease or injury In any wey related to occupation of deceesed?
(Address)	If so, specify the free bless
20. FILED D. 1937 C. AUX Joy Luft C. T. J.	Refuser & Blandson D. S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-6		
	2		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Guon mill; (a) Salesman, (b) Grocery; (a) Foreman, Automobile factory. The material worked on may of a part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicism, Compositor, Architeet, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, whe are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. especially in industrial employments, it is neces-For many occupations a single word or term or or At Home, and children, Farm loborer, Loborerwithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. not gainfully em-

Strument of Cause of Death—Name, first, the DISEA: EARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmenanonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Come," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart The contributory Always qualify all diseose; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13135
1. PLACE OF DEATH	(52)
County Charges	Registration Dist. No.
Village or City huntury	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME of M. B. Morri	
	01 14. 4
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (surice the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of many m. norm	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) hove 14-1843	I lest sew have elive on 12-10-,1932 death is said
7. AGE Years Months Days If LESS than 1 dey, hrs. or or min.	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related ceusos of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	2x hanslion
SAWYER, BOOKKEEPER, etc	10-29
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Gremany consumma of sken of face, org =
10. Date decessed lest worked et this occupation (month end yeer)	andling at correct of left leges en 267.
On al	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	the sama force
13. NAME John B. norre	What Heast of two years.
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of Country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Elizabeth Mellas	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) My	Accident, suicide, or homicide?Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alla K. Hageline (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece 2d M. What Security Dete 12 7 3 1932	Neture of injury
19. UNDERTAKER Change M. Roberts (Addiess)	24. Wes diseese or injury in eny way related to occupetion of deceased?
20. FILED. 12 - 12 19.3 2 P. R. Stigelon Registrar.	(Signed) A Fraght M. D. (Address) M. D.
If more blanks are needed, adaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

		ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) Hew long in U.S. if of foreign birth? yrs. mos. ds.
2	Length of residence in city or town where death occurred yrsmos 2. FULL NAME Stull burner burner 2. FULL NAME	Meale grant of total of the state of the sta
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0.1	DATE OF BIRTH (month, day, and year) Nec 25 in 1930	
-	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	Date of onset
	BIRTHPLACE (city or town) Charles Condition (State or country) La Platte Md	Dither Coutributory Causes of importance:
FATHER	14. BIRTHPLACE (city or town) Ad Plata md - (State or country)	Name of operation
MOTHER	15. MAIDEN NAME Manie Neall 16. BIRTHPLACE (city or town) La Plata nd - (State or country) Las co mg	What test confirmed diagnosis?
17.	INFORMANT James Neale grand father. (Addrass) La Plata my	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	Place at Home Data Dec 25, 1932	Manner of injury
19.	UNDERTAKER Tames Neale (Address) Ra Plata mo	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20.	FILED N, 19.32 N Melen Tosen - Registrar. If more blanks are needed, address State Registrar,	(Signed) Dullan V. Joseph M. D. (Address) La Placa md F

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AN 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	Every item of infor- IANS should state ement of OCCUPA-	
	RECORD. 7. PHYSIC Exact state	
BINDING	EXACTLY EXACTLY classified.	
FOR	IS A P stated properly	
V.S. No. 1 (-1) MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
V. S.	z.	

		OF MARY	LAND-	CERTIFICATE OF DEATH 131	28
	L. PLACE OF DEATH	000		95-9	0
	County	The No	1	Registration Dist. No.	
	Village or City	uce m	1 (1	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nur	Ward
	Length of resideoce in city or town where	death occurred	yrsmo:	sds. Hew long in U.S. if of foreign birtb?yrsmos.	ds.
1	2. FULL NAME SOL	phone I	Crogo	uns any	
	(a) Residence: No. New	n del Pl	alle so	St.,Ward.	
-	PERSONAL AND STATIST	Usual place of		If nonresident give city or town and Si MEDICAL CERTIFICATE OF DEATH	ale
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH	
0	Jemsel Col	OR DIVORCED	(write the word)	Nec, gu	193 24
5a.	If married, widowed, or divorced HU3BAND of			(Month) (Day)	(Year)
	(or) WIFE of Wick DC	roggn	6	22. I HEREBY CERTIFY, That I attended de	
6.	DATE OF BIRTH (month, day, end year)	ont lesie	S		
7	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	death is said
	as areas		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11.	16.		Date of onset
OCCUPATION	SAWYER, BOOKKEEPER, etc	Doube, m	our	Heart Trouble	
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.				Don'ton
000	10. Date deceased last worked at this occupation (month end	11. Total tim	e (yeers)	They stood negsue	
_	year)	occupa	ation	Other Contributory Copses of Importance:	
12.	BIRTHPLACE (city or town)	lles Co		no phisician in attendance	
2	(State or country)	ma		when patient died.	
FATHER	13. NAME	0	,	was attended by physicsain in I	rach De
FA	14. BIRTHPLACE (city or town) (State or country)	mixema		Name of operation will all gust 1932 Dete of	
ER	15. MAIDEN NAME ON O. O. O. O.	11/2 8:00	inn	What test confirmed diagnosis?	opsy?
MOTHER	16. BIRTHPLACE (city or town)	has. Co.	~ 7070	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	10
×	(State or country)	mar		Where did injury occur?	, 19
17.	INFORMANT Onthu	Scrogg	ing (Sor)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMATION, OR REMOVAL	600	QT -	Manner of injury	
	Place Dached Heur	DateDate	7 , 1932	Nature of injury	
19.	UNDERTAKER J. a. Pe (Address) La Plata	nn	<i>4</i>	24. Was disease or Injury in any way related to occupation of deceesed?	no
20. FILED Dec 9ª 1932 Dilliam Mosly Register.			OSLY. Registrar.	(Signed) de Illian Posey Rigistra (Address) La Clata md	и м. D.
	If more	blanks are needed, add	ress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	

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	1 7	G) (
	1/3	3 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	Į,	The second secon	
	4		

V. S. No. 1

Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or toyn where death occurred. Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS S.EX L. COLOR OR RACE OR DIVORCED (work the word) S.E. If married, widewed, or divorced (or) wife to word) S.E. If married, widewed, or divorced (or) wife to word) S.E. If married, widewed, or divorced (or) wife to word) S.E. If married, widewed, or divorced (or) wife to word) S.E. If married, widewed, or divorced (or) wife to word the word) S.E. If married, widewed, or divorced (or) wife to word) S.E. If married, widewed, or divorced	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13129
Village or City. No. Length of residence in city or tographere death occurred. YIS. Mos. Length of residence in city or tographere death occurred. YIS. Mos. A. How long in U. S. if of foreign birth? YIS. Mos. A. How long in U. S. if of foreign birth? YIS. Mos. SL. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOVED, OR DIVOKCDU Count fits word; OR DIVOKCDU Count fits word; OR DIVOKCDU Count fits word; SAW If married, widowed, or divorced (or) will be a state of the date stated above, at. J. S. and the state of short of the date stated above, at. J. S. and the state of short of the word; SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. J. J. Hords, profession, or particular, or min. SAW MILL, BARK, etc. SAWYER, BOOKKEPER, etc. J. J. Hords, profession, or particular, or min. SAW MILL, BARK, etc. SAW WILL, SAW MILL, SAW	County Chash	Registration Diet No. 1 1 24
Length of residence in city or toyn where death occurred yrs		
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYORCED (suret the word) 5a. If married, widowed, or divorced (or) wife of Color of BIRTH (month, day, end year) 5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS then 1 day. 1. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed list worked at part of the same as the s	(1	
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWED, OR DIVORCED (surfet the word) O(n) WIFE of S. If married, windowed, or divorced HUSARD of HUSARD of HUSARD or General or Selection or particular T. AGE Years Months Oays If LESS then Iday	Length of residence In city or town where death occurredyrsmos	sds. How long in U. S. if of foreign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWCO, OR DIVORCED (warfe the world) 7. ACE 6. DATE OF BIRTH (month, day, end year) 7. ACE 7. ACE 8. Trade, profession, or particular hind of work done, as SPINNER, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in linis occupation 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, CREMATION, OR REMOVA) Placed 19. COLOR OR RACE 19. SINCLE, MARRIED, WIDOWCO, OR DIVORCED (with the world) 20. DATE OF DEATH 21. DATE OF DEATH 22. I HE REBY C ERT I FY. That I attended deceased of the world was done, as SINCH MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in linis occupation Other Cestributory Causes of importance: What test confirmed diagnosis? Was there an asu'opsyy. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Neture of injury	2. FULL NAME Trances 57	hnt
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (surfe the world) 5a. If married, widowed, or divorced (or) wife of (or)	(a) Residence: No.	St., Ward.
3. SEX 4. COLOR OR RACE ON DIVORCED (warfe the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Or Wi		
Sa. If married, widowed, or divorced HUSBAND of (Anoth) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND of (Anoth) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND of (Anoth) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND of (Anoth) (Day) (Year) Sa. If married, widowed, or divorced HUSBAND of (Anoth) (Day) (Year) It ast saw h. alive on, 19; death is a to have occurred on the date stated above, at J. 2 m. The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH and releted causes of importance were as follows: Date of on The PRINCIPAL CAUSE OF OEATH		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE or (or) WIFE of (or) WIFE or (or) WI	m B OR DIVORCED (with the word)	12-19-1932
7. AGE Years Months Days If LESS then I day	HUSBAND of	The state of the s
1 day, hrs. or. min. 1 day ork done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1 day ork was done as SPINNER, SAWYER, BOOKKEEPER, etc. 1 day ork was done as SPINNER, saw mill, BANK, etc. 10 Date deceased last worked at this occupation (month and year) 1 day occupation (month and year) 1 day occupation (month and year) 1 day occupation (contains the property occupation) 1 day occupation 1 day o	6. DATE OF BIRTH (month, day, end year)	
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPPER, etc. 9-Industry or business in which work was done as SPINNER, SAWMEN, BOOKKEPPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stee or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA) Place Place Manner of injury Neture of injury	1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and releted causes of importance
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMOVAL Place 19. Date of Injury Neture of injury	Z 8. Trade, profession, or particular	Date of onesat
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMOVAL Place 19. Date of Injury Neture of injury	SAWYER, BOOKKEEPER, etc. Day Palves	Expression (rang day)
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION OR REMOVAL Place 19. Date of Injury Neture of injury	9: Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	1 1 1 1
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stele or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. Mame of operation Name of operation What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicIde, or homicIde? Date of Injury Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Neture of injury Neture of injury	- 15 A rune escabation (month and	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA) Place 19. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Neture of injury Neture of injury Neture of injury	12 PIRTURI ACE (eith on town)	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVA) Place Place What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suiclde, or homiclde? Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury		alcoholism
What test confirmed diagnosis? Was there an au'opsy? 15. MAIOEN NAME 1 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA) Place 2 20,19-22 Mat test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	13. NAME Horry Stint	
What test confirmed diagnosis? Was there an au'opsy? 15. MAIOEN NAME 1 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA) Place 2 20,19-22 Mat test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	TA RIDTUDI ACE (city or town)	Name of operation
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA) Place 19. Maioen NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury	(Stete or country)	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date 2 19-22 Neture of injury Neture of injury	15. MAIOEN NAME Sallie Shink	
17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date 2 20 19 22 Neture of injury Neture of injury	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Placed Date 2 19.32 Neture of injury Neture of injury	(State of Gooding)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Placed And Date 12 20, 19-32 Neture of injury Neture of injury	(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
lu B	18. BURIAL, CREMATION, OR REMOVAL	
19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify		24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 12-20, 1932 J. J. A. Hyder (Signed) / L. Handley M. Registrar. (Address) Nanadala		(Signed) — — — — — — — — M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributors of inventors	reado y	Other contributery gauges of importance.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE, OF DEATH
1. PLACE OF DEATH	@5
County Market	Registration Dist. No. 10
Village or City Rusgall.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Pobert &, Son	msoc
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) Sach Survey of the word)	21. DATE OF DEATH (Wonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy, 29,1931,	I last saw h A alive on Que: 29 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8. C. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Cerebral Hernonhage Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	from fall.
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Charles Co. Dod, (State or country)	Other Coutributory Causes of importance:
B	1
13. NAME / Clean Jenney. 14. BIRTHPLACE (city or town) Olash G. Ind. (State or country)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Olsarla Co. Ind.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide: Could Date of injury 2024, 1932
17. INFORMANT Rolf Carter	(Specify city or town, county and State) - Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Research, 2011	Horney.
18. BURIAL, GREMATION, OR REMOVAL ALCOHOLOGY BILLINGS 1932	Manner of Injury Lell out of aler. Nature of injury
19. UNDERTAKER Stonley Penny (Address) Pragnets and	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEDD Lec. 34, 19/2 Mary Southerland	(Signed) Lev. C.+ Torbuill M.D. (Address) Marling, And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1	=======================================	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

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1	ite	SS	of	
X	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ORD.	HYSI	t sta	
3	REC	. P	Exac	
- 1-	L	LY		
V.S. No. 1 (A) MARGIN RESERVED FOR BINDING	ANE	CT	ssified	
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STATE OF MARYLANI	D—CERTIFICATE OF DEATH
County Charles	Registration Dist. No. /07
Village or City Bry ceulown	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. 2. FULL NAME Mathew & There's	mosds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (write the w	
5a. If married, widowed, or divorced burners Therries (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 9,1932, to 0,1932
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Municipality (State or country) Municipality	
13. NAME do rot /s	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME do rot /cardon / 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT John Groben	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Bry wellow thereb Date Dec 13, 19	Manner of injury
19. UNDERTAKER DEAL & Cally Andrews 20. FILED DULY, 19.3 2 Cally Andrews Regist	24. Was disease or injury in any way related to occupation of deceased? 20 lf so, specify (Signed) Houry C. Chappeleo M. D. (Address) Illing her till male

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(92-a)
County Charles.	Registration Dist. No. 1074
Village or City of lamenee	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Eddie Thomas	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	12 - 6 - 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Emma	22. I HEREBY CERTIFY, Thet i attended decaased from
6. DATE OF BIRTH (month, day, and year) Que 1- 1885	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
47 4 6 1 day,hrs.	The transfer of bearing and related causes of importance
8. Trade profession or particular	O Sala di Vilodi
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acula Valordas hearthath
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and spent in this	
year) OCC 61-0-A occupation	Other Contributory Cames of importance:
12. BIRTHPLACE (city or town) had	alcoholis
(Stata or country)	
14. BIRTHPLACE (city or town). Mele	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I I I I I I I I I I I I I I I I I I I	23. If death was due to external causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT ACLE ACLE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Glant Camely Date 12 6- , 1963	Nature of injury
19. UNDERTAKER Char. W. Kobey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bel alto-A	If so, specify
20. FILED 12 6-1532 P. P. Highm	(Signed) R. Hydan M. D.
Registrar.	(Address) Appende
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2

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9.—The industry or business in which the work was done.

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Example I	1	Example II-	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GHMHO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	shel	(130)	Pegistration Dist No. / 0	5
County //	nue,	R	egistration Dist. No.	·····
Village or City	12	death occurred in a hospital or institution, a	St.,	Ward
Length of residence in city or town where deat		ds. How long in U.S. if of fore		
2. FULL NAME NOET	2 down	10		
(a) Residence: No.		St., Ward.		
	(Usual place of abode)		If nonresident give city or town and S	iate
PERSONAL AND STATISTIC			IFICATE OF DEATH	
Punals Chiles 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Dec 22	193
ia. If married, widowed, or divorced HUSBANO of	1	(We	onth) (Day)	(Year)
(or) WIFE of West west	ten Stirus	1 HEREBY C	ERTIFY Thet I attended de	eceased from
01		I last saw h W elive on K	ec 22, 1932	, 19.5.2
AGE Years Months	Oays If LESS than		- 41/1-	; death is sei
Ca A 4 1	1 day,hrs.	to have occurred on the date stated about The PRINCIPAL CAUSE OF DEATH end		
CO O TOS	ormin.	were as follows:	i interest courses of importance	Oate of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bome		1	·
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Cardiack	lilation	/
10) Oate decessed last worked at this occupation (month end year)	11. Totel time (yeers) spent In this occupetion			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occupetion	Other Contributory Causes of importance):	
2. BIRTHPLACE (city or town)	£	7	7	
(State or country)		acula R	reguls	
13. NAME (Little of town)		recease		
14. BIRTHPLACE (city or town)	2	Neme of operation	Date of	
(State of country)	mun	What test confirmed diagnosis?	Was there en au	topsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	moun	23. If death was due to externel causes (V	IOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Dete of injury	, 19
(State of country)	noun	Where did injury occur?		
7. INFORMANT LLU CO	536	Specify whether injury occurred in INDI	pecify city or town, county and State) JSTRY, in HOME, or in PUBLIC PLACE	DE.
(Address) Valde	mil			
8. BURIAL, CREMATION OR REMODAL	100000	Manner of injury		
Place / 1000	Date 166 24, 1952	Nature of injury		
9. UNOERTAKER FULLING (Address)	Pyn-	24. Was disease or Injury in any way rela		
4000	P 74 22 2	If so, specify (Signed)	mourde	M I
0. FILEO PULC 2319	1 / will		Ideas un	/

CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	į		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH	7107
1. PLACE OF DEATH		1
County Clefortas	Registration Dist. No. / O	<i>O</i>
Village or City des Vesta (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME of m The form		
(a) Residence: No. (Usuai place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Dag)	, 193 <u>2</u>
5a. If merried, widowed, or divorced		(,
HUSBAND of Ella Francis Thompson	22. I HEREBY CERTIFY, That I ettended	
6. DATE OF BIRTH (month, day, and year) Don't Krister	i last saw h. 1 elive on hlen 24, 1932	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at	
6/ Lerkur 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, es SPINNER.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Jornales Orennel	10m/9
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and be 24 spent in this occupation) year)		-
(C)	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stete or country)		
	/ cue	55619
13. NAME of comes I compared to 14. BIRTHPLACE (city or town). Class Compared to 14. Compared to 14. Compared to 15. Compared		
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of	
	Whet test confirmed diegnosis? Was there en	autopsy?
15. MAIDEN NAME Elyafeth Greeker 16. BIRTHPLACE (city or town) Class Co	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following	•
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	
∑ (Stete or country)	Where did injury occur? (Specify city or town, county and Sta	(ta)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Stillmas Cerulage De 30, 1932	Neture of injury	
19. UNDERTAKER CW Roby (Address) Belaklon Und	24. Wes disease or injury in eny way related to occupation of deceased?	
DOR 28, 22 74 OH	(Signed)	M. D.
20. FILED 21 SE 1906 My Way Company	(Address) Abel Ollism	Hed.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	(

CTATE OF MADVI AND CEDTIFICATE OF DEATH

19194

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A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS

d sta	1. PLACE OF DEATH	13133
s should of OCC	Village or City New Las Cate	Registration Dist. No
PHYSICIANS oct statement	2. FULL NAME (a) Residence: No. (Usual place of abode)	ds. Hew long in U.S. if of foreign birth? yrs. mos. ds. St., Ward.
PH ct	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nec 3/
X A C T L	5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
stated E properly certificate.	6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19, 19; deeth is said to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
AGE should be that it may be ions on back of	Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other Contributory Causes of Importance:
cfully supplied. AGI in plain terms, so tha int. See instructions	12. BIRTHPLACE (city or town) Charles Co (State or country) 13. NAME 14. BIRTHPLACE (city or town) Charles Co (State or country)	Neme of operation
car l'H oorta	(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury 19 Where did injury occur?
should OF D	17. INFORMANT 700 advar water (Address) 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_ 🖾 🏯	Place Dres Chaples Oate fan /2 , 193	Manner of injury
mation CAUSE TION i	19. UNDERTAKER JUST J. ONCO	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Dellan V. Pagla, M. D.
	20. FILED Registrar.	(Address) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE, PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF D	DEATH 19196
1. PLACE OF DEATH		46)	10100
County Cherry	Q1	Regist	ration Dist. No. 101
Village or City Reco	w:	No. death occurred in a hospital or institution, give its	St., Ward
Langth of residence in city or town where		ds. How long in U.S. if of foreign bi	
2. FULL NAME Kattle	id Willu	sms/	
(a) Residence: No.		St.,Ward.	
	(Usual place of abode)		resident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFIC	CATE OF DEATH
Ternale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	(Day) 193 kg. (Year)
a. If married, widowad, or divorced HUSBANO of (or) WIFE of	Williams.		TIFY, That I attanded deceased fro
DATE OF BIRTH (moron, day, and year)	ud 31, 1872.	I last saw has aliva on Spec.	
7. AGE Years Months	Oays If LESS than	to have occurred on tha date stated above, at	
60 3	24 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and relatives es follows:	tad causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Houseunde.		Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		Polyartestis .	7
10. Date decaased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	VV	
12. BIRTHPLACE (city or town) Placer (Stata or country)	le Dr. Md.	Other Coutributory Causes of importance:	
1 04 4 0	Loutherland.		
13. NAME Walter B. 14. BIRTHPLACE (city or town) Plus (State or country)	urbe Ov. Md.	Name of operation	Date of
15. MAIDEN NAME Harriett	Franklin.	23. If death was due to external causes (VIOLE	
15. MAIDEN NAME Harriett 16. BIRTHPLACE (city or town). Olice. (State or country)	rles a. md	Accidant, suicide, or homicide?	
17. INFORMANT 18. South	turland,	Where did injury occur? (Specify Specify whether injury occurred in INDUSTR'	y city or town, county and State) Y, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Chicamuspin 1	Mare Do. 26, 1932	Manner of injury	
19. UNDERTAKER Hunt of (Addrass)	Rejon, And.	24. Was disease or injury in any way ralatad t	o occupation of dacaased?
20. FILED LLC , 25 , 19 32 M	any Sweetlenhung Registrar.	(Signad) Cer. Q. 1	dickinell M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

m

infor-

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ADDITIONAL SPACE	FOR FURTHEI	R STATEMENTS	BY PHYSICIAN	